

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number 15181.027
		Application Number 10/774,742
Title of Invention	METHOD AND APPARATUS FOR VETERINARY RF PAIN MANAGEMENT	
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>		

**Secrecy Order 37 CFR 5.2**

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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**Applicant Information:**

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. <input type="radio"/> Party of Interest under 35 U.S.C.				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Ashley	M.	Classen	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Keller	State/Province	TX	Country of Residence i US
Citizenship under 37 CFR 1.41(b) i		US		
Mailing Address of Applicant:				
Address 1	4039 Keller Haslet Road			
Address 2				
City	Keller	State/Province	TX	
Postal Code	76248	Country i	US	
<input checked="" type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below.				

Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. <input type="radio"/> Party of Interest under 35 U.S.C.				
Prefix	Given Name	Middle Name	Family Name	Suffix
	Mark		Revenaugh	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Oregon City	State/Province	OR	Country of Residence i US
Citizenship under 37 CFR 1.41(b) i		US		
Mailing Address of Applicant:				
Address 1	23635 S. Molalla Ave.			
Address 2				
City	Oregon City	State/Province	OR	
Postal Code	97045	Country i	US	
<input type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below.				

**Correspondence Information:**

Enter either Customer Number or complete the Correspondence Information section below.  
For further information see 37 CFR 1.33(a).

<input checked="" type="checkbox"/> An Address is being provided for the Correspondence Information of this application.			
Customer Number	42922		
Name 1	Stephen S. Mosher	Name 2	Whitaker, Chalk, Swindle & Sawyer, LLP
Address 1	301 Commerce Street		
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City	Fort Worth	State/Province	TX
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**Application Information:**

Title of the Invention	METHOD AND APPARATUS FOR VETERINARY RF PAIN MANAGEMENT		
Attorney Docket Number	15181.027	Small Entity Status Claimed	<input checked="" type="checkbox"/>
Application Type	Utility		
Subject Matter			
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)	3766		
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

**Publication Information:**

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

**Representative Information:**

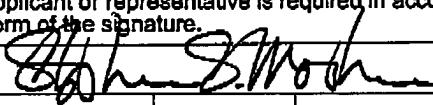
Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> US Representative (37 CFR 11.9)	
Customer Number	42922			
Prefix	Given Name	Middle Name	Family Name	Suffix
	Stephen	S.	Mosher	
Registration Number	33,974			

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		Application Number	10/774,742
Title of Invention	METHOD AND APPARATUS FOR VETERINARY RF PAIN MANAGEMENT		

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	01/15/2008	
First Name	Stephen	Last Name	Mosher	Registration Number	33,974

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1451. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.